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Date: January 26, 2006

To: Thao X. Le Fax: 571-273-8300 Phone: 571-272-1708
United States Patent and Trademark Office

From: Michael D. Plimier Fax: 408-765-7723 Phone: 408-765-7857

Subject: Application Serial No. 10/748,559

A CONFIRMATION COPY OF THIS DOCUMENT:

WILL NOT BE SENT

Application No.: 10/748,559
Filing Date: December 29, 2005
First Named Inventor: Justin K. Brask et al.
Group Art Unit: 2814
Examiner Name: T. Le
Attorney Docket No.: P18244

Enclosures:

1. Transmittal Form (1 page).
2. Fee Transmittal for FY 2005 (1 page in duplicate).
3. Amendment and Response (5 pages).

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 8

Application Number	10/748,559
Filing Date	December 29, 2005
First Named Inventor	Justin K. Brask et al.
Art Unit	2814
Examiner Name	Le, Thoa X.

Attorney Docket Number P18244

ENCLOSURES (Check all that apply)

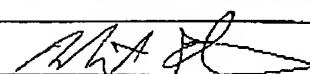
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Intel Corporation		
Signature			
Printed name	Michael D. Plimier		
Date	January 26, 2006	Reg. No.	43,004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Michael D. Plimier	Date	January 26, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/748,559
Filing Date	December 29, 2003
First Named Inventor	Justin K. Brask et al.
Examiner Name	Le, Thoa X.
Art Unit	2814
Attorney Docket No.	P18244

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

4 - 20 or HP = 0 x 50 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)

1 - 3 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x = 0

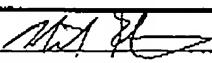
Fees Paid (\$)

0

Other (e.g., late filing surcharge): _____ Fees Paid (\$)

0

0

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 43,004	Telephone 408-765-7857
Name (Print/Type)	Michael D. Plumer	Date January 26, 2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEET TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0.00**Complete if Known**

Application Number	10/748,559
Filing Date	December 29, 2003
First Named Inventor	Justin K. Brask et al.
Examiner Name	Le, Thao X.
Art Unit	2814
Attorney Docket No.	P18244

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.18 and 1.17
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
4	- 20 or HP = 0	x 50	= 0	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
1	- 3 or HP = 0	x 200	= 0	360	180
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	= 0	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

0

0

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Michael D. Plimier	43,004	408-765-7887

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Attorney's Docket No.: P18244

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
J. Brask et al.)
U.S. Serial No: 10/748,559) Examiner: T. Le
Filed: December 29, 2003) Art Unit: 2814
For: A CMOS DEVICE WITH)
METAL AND SILICIDE GATE)
ELECTRODES AND A)
METHOD FOR MAKING IT)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

This is in response to the Office Action mailed November 28, 2005. Applicant respectfully requests the Examiner to enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper. Remarks/Arguments begin on page 4 of this paper.

-1-

Serial No.: 10/748,559

Attorney Docket: P18244